



BELLE ISLE POLICE DEPARTMENT APPLICATION

1521 Nela Avenue, Orlando, FL 32809 407-240-2473

The Belle Isle Police Department does not discriminate on the basis of race, religion, color, sex, age, national origin, or disability. Veteran's Preference form is located within this application.

_____ () Non-Sworn () Temporary
Position Applied For

_____ Last _____ First _____ M/Initial

_____ Address _____ City _____ State _____ Zip

_____ Phone _____ Cell _____ Email Address

_____ Social Security Number _____ Driver's License Number _____ State

*****This information is for statistical, affirmative action, and criminal history use only.**

Date of Birth ____/____/____ Sex _____ Race _____

1. ____ Yes ____ No Are you a U.S Citizen?

2. ____ Yes ____ No Do you have any relatives working for the City of Belle Isle?

3. ____ Yes ____ No Have you ever applied to any other law enforcement agency?
Agencies and date(s) of application: _____

4. ____ Yes ____ No Is there any language (other than English) you can read, write,
and/or speak fluently? _____



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407-240-2473 | Fax 407-850-1616

Instructions for Completing Application

The City of Belle Isle Police Department is seeking applicants who demonstrate complete honesty. Failure to respond to any question accurately and completely, whether orally or written, will result in disqualification. Providing false information will disqualify candidates for any position at the Belle Isle Police Department. Please complete all portions of this application fully and accurately. A background investigator will be contacting previous employers. Please be sure to fully identify the individuals by his/her full correct name and provide complete addresses. Provide every address where you have lived for the last ten (10) years, in order from your present address backwards. If an item does not apply to you, write in the letters "N/A" for "Not Applicable."

When completing the employment portion of this questionnaire be sure you provide each employer for the past ten (10) years, in order from your present employer backwards. If there was a period of unemployment, enter it in the employment section in the same sequence and manner as if this were another employer by indicating "from" and "to" and printing "Unemployed." Do not omit any information. If you need to use the continuation pages on this questionnaire, clearly mark what section you are continuing.

Please attach copies of the documents listed below, if applicable. Copies should be on 8 ½ x 11 paper and should be inserted in the order listed at the back of the application. Your application will not be processed without the necessary documents.

- Birth Certificate
- HS or GED diploma/transcripts of GED
- Social Security Card
- Drivers License
- College Degree, College transcripts* (if no Degree - does not need to be "Official" copy)
- DD214 military discharge with re-enlistment code* (Long form)
- Proof of legal name change
- Other documents reflecting your qualifications, e.g. letters of recommendation, training certificates
- If possible, include up to three performance evaluations from your current employer, or, if previously employed by a law enforcement agency, include up to three evaluations.



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Employment History

List all employment in the last 10 years including military, and part-time, temporary, or volunteer work, even if the company is closed. Begin with your present or most recent employment and work backward.

1. Employer _____ From _____ To _____
Address _____ Phone _____
Position(s) Held _____ Type of Business _____ Supervisor _____
Description of Duties: _____
Reason for Leaving _____
2. Employer _____ From _____ To _____
Address _____ Phone _____
Position(s) Held _____ Type of Business _____ Supervisor _____
Description of Duties: _____
Reason for Leaving _____
3. Employer _____ From _____ To _____
Address _____ Phone _____
Position(s) Held _____ Type of Business _____ Supervisor _____
Description of Duties: _____
Reason for Leaving _____
4. Employer _____ From _____ To _____
Address _____ Phone _____
Position(s) Held _____ Type of Business _____ Supervisor _____
Description of Duties: _____



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Reason for Leaving _____

____ Yes ____ No Have you ever been formally disciplined by an employer(s)? (List each discipline, employer and dates, even if employment has been more than 10 years)

____ Yes ____ No Have you ever been terminated or asked to resign from a job? (If yes, please provide details)

____ Yes ____ No Have you ever been subject of a letter of complaint? (If yes, please provide details)

Education Record

HIGH SCHOOL

Name: _____ City/State _____

Dates Attended: From _____ To _____ Did you Graduate ____ Yes ____ No

If No, do you have a general education diploma (GED) or a high school equivalency? ____ Yes ____ No

State: _____ Year: _____

COLLEGE/TECHNICAL

Name: _____ City/State _____

Dates Attended: From _____ mo/yr To _____ mo/yr

Course of Study _____ Degree Received ____ Yes ____ No

If No, how many credits do you need to complete? _____



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Residences

List chronologically all of your residences for the past ten (10) years, beginning with the most recent. Include addresses while attending school, if away from home, and all military addresses, including any military base.

From _____	To _____	Address _____	City _____	County _____	State _____
From _____	To _____	Address _____	City _____	County _____	State _____
From _____	To _____	Address _____	City _____	County _____	State _____
From _____	To _____	Address _____	City _____	County _____	State _____
From _____	To _____	Address _____	City _____	County _____	State _____
From _____	To _____	Address _____	City _____	County _____	State _____

CURRENT LANDLORD: If you currently reside in an apartment or rental home, list landlord below.

Name: _____

Address: _____ City _____ State _____ Zip _____

Home Phone _____ Work _____

Email Address: _____



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Personal References

List three (3) personal references who are friends/co-workers that you have known for at least five (5) years.

Name: _____

Relationship _____ Occupation _____

Address: _____ City _____ State _____ Zip _____

Home Phone _____ Work _____

Name: _____

Relationship _____ Occupation _____

Address: _____ City _____ State _____ Zip _____

Home Phone _____ Work _____

Name: _____

Relationship _____ Occupation _____

Address: _____ City _____ State _____ Zip _____

Home Phone _____ Work _____

List two (2) **neighbors** who live next door to you. You do not need to know the name of the individuals.

Name (if known) _____

Address: _____ City _____ State _____ Zip _____

Name (if known) _____

Address: _____ City _____ State _____ Zip _____



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Driving History

___ Yes ___ No Do you possess a valid Driver's License? # _____ State _____

___ Yes ___ No Have you ever had a driver's license in any State other than Florida?
State _____ # _____ From _____ To _____
State _____ #. _____ From _____ To _____

___ Yes ___ No Have you ever had a driver's license suspended or revoked?

___ Yes ___ No Have you ever received a traffic citation, other than parking?
If yes, complete section below.

Date	Issuing Agency	City/State	Charge	Disposition



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Criminal History

1. Yes No Have you ever been arrested, received a notice to appear, charged, convicted, pled nolo contendere or pled guilty to any criminal violation, regardless if the record was sealed or expunged? Please provide copy of all documents.
2. Yes No Are you presently under any criminal investigation?
3. Yes No Have you ever been involved in any criminal activity?
4. Yes No Have you used any illegal drugs?
(Marijuana, Cocaine, Heroin, etc.) _____
If yes how many times per drug used and when _____

5. Yes No Have you ever been involved in the sale of illegal drugs?
6. Yes No Have you ever taken anything from an employer without permission?
7. Yes No Are you now or ever been associated with any group which advocates the overthrow of the government or seeks to deny others their rights under the U.S. Constitution?
8. Yes No Are you now or have you ever been associated with anyone who commits crimes or has a criminal record?
9. Yes No Are there any incidents in your life not mentioned herein which may reflect your suitability to perform the job or which might require further explanation?



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United States Military Record

____ Yes ____ No Have you ever been a member of the United States Armed Forces? If yes, please complete the portion below and the following page.

____ Yes ____ No Have you ever been arrested, disciplined or received any punishment while in the military (If yes, please list each discipline, dates, outcome) .

Branch _____	Active Service From _____	To _____
Highest Rank _____	Type of Discharge _____	
Reserve/National Guard Status _____	Active _____ Inactive _____	Dates From _____ To _____
Military Specialization/Duties: _____		

Veteran's Preference: If you are claiming Veteran's Preference, **check the appropriate block.** Documentation substantiating your claim must be furnished at the time of application.

- A veteran with a compensable service-connected disability who is eligible for or receiving compensation, disability retirement, or pension under public laws administered by the U.S. Veteran's Administration and the Department of Defense, OR
- The spouse of a veteran who cannot qualify for employment because of a total and permanent disability, or the spouse of a veteran missing in action, captured, or forcibly detained by a foreign power, OR
- A veteran of any war who has served on active duty of 181 consecutive days or more, or who has served 180 consecutive days or more since January 1, 1955 and who has discharged or separates there from with an honorable discharge from the Armed Forces of the U.S.A. if any part of such activity was performed during a wartime era. Active duty for training is not allowable, OR
- The un-remarried widow or widower of a veteran who died of a service-connected disability.

____ Yes ____ No Have you claimed and been employed through Veteran's Preference since October 1, 1987? If yes, give the name of the Employer

Note: Under Florida Law, preference in appointment and employment shall be given, by the State and its political divisions, first to those persons included in 1 and 2 above, and second to those persons included under 3 and 4 above. If any applicant claiming Veteran's Preference for a vacant position is not selected for the position, they may file a complaint with the Division of Veterans Affairs, P.O. Box 1437, St. Petersburg, FL 33731-1437. A complaint shall be filed within 21 days after notice of a hiring decision. If a notice of a hiring decision is not given, a complaint may be filed at any time.



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Please describe any qualities or attributes that make you qualified to be a Belle Isle Police Officer.



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Certification of Information

I certify that the information contained in this application is correct and complete to the best of my knowledge. I agree to inform the Belle Isle Police Department in writing of any additional information relating to questions raised on the application which came to my attention after completing the application. I realize that misrepresentation of facts or the failure to include or update information may be cause for dismissal after employment. The offer of employment is conditional upon my satisfactory completion of all pre-employment procedures, including the following: application screening, interview, background investigations, polygraph examination and any other testing that the City of Belle Isle Police Department deems necessary.

Should I be employed by the City of Belle Isle Police Department, I understand and accept that I must successfully complete a probationary period, and if deemed necessary by the agency, that probationary period may be extended beyond the minimum 12-month period. As a probationary employee, I understand that I may be discharged at will with no entitlement to any right to discharge me for any or no reason.

I acknowledge that I have read and understand the above statement.

Print Name

Signature- Must be Notarized

Date

NOTARY

STATE OF _____

COUNTY OF _____

Before me, personally appeared _____, who says that he/she have executed this authorization of their own free will and with full knowledge of its content and purpose.

Sworn to and subscribed before me this _____ day of _____, 20_____.

Notary Public _____

Commission

Expires _____

_____ Personally Known _____ Produced Identification Type of I.D. _____



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Policies and Standards

Equal Opportunity Employer. The City of Belle Isle Police Department does not discriminate on the basis of race, religion, color, sex, national origin, veteran status, political affiliation, marital status, disability or other factors that are not considered bonafide occupational qualifications identified by job analysis. This policy covers all areas of employment, including, but not limited to, recruitment, selection, placement, training, promotion, transfer, discipline, layoff, termination, wages, benefits, performance appraisals, and work conditions.

The Department strongly encourages minorities and women to apply for positions within the City of Belle Isle Police Department, and active recruiting efforts will be directed toward that end. The selection process will use only those components that measure behaviors, knowledge, skills and abilities which are demonstrated to be job-related.

Significant Job Requirements. As an employee with the City of Belle Isle Police Department, you may be required to work any hour of the day, and day of the week, any recognized holiday. You will be required to maintain proficiency in the use of any equipment related to your job classification.

Policy Statement. It is the policy of the City of Belle Isle Police Department to recruit qualified individuals who will make the best candidate from all segments of the work force. In pursuing this goal, a background investigation of each candidate is conducted with respect to factors that may have a bearing upon the applicant's performance of the essential functions of the position. It is impossible to state all relevant and material factors necessary for a complete background investigation. In each case, the agency will consider whether the candidate's background makes him/her the best suited candidate for employment. The circumstances underlying any negative findings will be considered as they related to the candidate's ability to perform the particular job for which he/she is applying.

Drug Free Workplace. In accordance with the requirements set forth in Florida State Statutes 440.101 and 440.102, as well as in accordance with Rule 38F-9, established by the Florida's Department of Labor and Employment Security, Division of Workers Compensation, the City of Belle Isle adheres to a "Drug Free Workplace Policy."

Public Records. During the selection and placement process, it will be necessary to inform the appropriate persons participating in the selection process of your record. Pursuant to Florida Statue 119, the Public Records Act, documents made or received by the City of Belle Isle Police Department in the course of processing the application may be public record and open for inspection by the public. Some records, such as examination question and answers and medical documentation are not public records and may not be disclosed. Medical documentation may only be released with the written consent of the applicant.



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Equal Employment Opportunity Acknowledgment

Name Print _____ Social Security Number

The following information is requested for Equal Employment Opportunity record keeping and reporting compliance purposes only specified by Title VII of the Civil Rights Act of 1964, as amended by the Equal Opportunity Act of 1972, Section 709c.

This information will **not** be used to evaluate your application and is voluntary.

Sex (please check one): _____ Male _____ Female

National Origin (please check one):

- Caucasian (not of Hispanic origin)
- Black (not of Hispanic origin)
- Hispanic
- American Indian or Alaskan Native
- Asian or Pacific Islander
- Other (Please specify) _____

By signing below, I acknowledge that I have read and understand the attached policies and standards of the City of Belle Isle Police Department and the job description for the position for which I am applying. I understand that I must comply with the conditions outlined in this application package to be considered for employment. I also understand that the information contained in this application package is subject to change by the City of Belle Isle and that the requirements contained in this application package may not be all the requirements necessary for successfully obtaining the position for which I have applied. I further understand that this is NOT an employment contract or offer of employment.

Signature

Date



Belle Isle Police Department

Expectations of a Family Member of the Belle Isle Police Department

At the Belle Isle Police Department, we believe acting as a police officer is not just a job but a calling. It's a noble profession where you can and will make a difference. The calling of a police officer is a profession of service where you are granted tremendous autonomy and stewardship of the people's authority. You are charged with the gravity of upholding everyone's constitutional rights.

With such stewardship come expectations and sacrifices that many have never considered. To put this bluntly, everyone believes they want to be a police officer – few do it well. Even fewer are willing to accept the self-discipline we are bound by when taking the oath of office.

Please take the time to consider these expectations before pursuing a position as a police officer at the Belle Isle Police Department.

1. Be at work on time. This is not a suggestion.

If you are late, that means someone is covering you.

2. There will be times when you are called back to work or have your days off canceled due to emergencies. Every effort is made to avoid this, but the nature of our business dictates this will happen.

We serve those in need. That service does not have a set schedule.

3. You will work nights, holidays, and weekends throughout your career.

Again, we serve those in need, and that doesn't always happen Monday through Friday.

4. You will be given assignments and tasks that you may not feel are in the scope of a law enforcement officer.

We all work as team members of the City of Belle Isle and the Belle Isle Police Department. We will carry out tasks requested by the City Manager and Chief of Police.

5. Your appearance will demand respect. If it is not, we will tell you to correct it. Be prepared for duty mentally and physically, and keep your equipment in working order.

Speak to a supervisor if you are unprepared for duty and your equipment is not working.

6. Your education and training are your responsibility, not just ours. Yes, we will invest in the best training possible, but you must invest in learning.

**** Excellence Through Service ****



Belle Isle Police Department

Expectations of a Family Member of the Belle Isle Police Department

Take pride in being the best. Search for training opportunities that interest you and serve this community better. Keep your training records. That way, it's more focused on the behavior you want. Don't wait for someone to hold your hand.

7. Take care of your equipment and the police department building. You're provided with the best equipment available and are responsible for handling issued equipment and the building from which you work.

You may not clean your car or house, but you will care for ours. A rusty gun, a dirty, unpressed uniform, an unkempt vehicle, or a filthy workplace will not be tolerated.

8. You will be held to a higher standard than the public you serve. Both on and off duty, your conduct reflects the Belle Isle Police Department and the City of Belle Isle.

If your actions, in any way, bring dishonor to this agency or your personal life becomes our problem, there are consequences. (Examples include but are not limited to public intoxication, willingly failing to pay debts, discriminatory behavior, extramarital affairs, distasteful social media posts, using your badge to solicit special privileges, and alcohol-related driving incidents.)

Police Officers do not just solve the crime; they solve problems.

You will be asked over your career to mediate disputes between neighbors arguing over yard trash, property line disputes, and pets. You will be asked to stop and help a stranded motorist change countless tires. You will be required to counsel people who have lost control of their lives due to chemical dependency, loss of emotional control, and complex financial situations. You will learn about the residents of your city, not just the people you arrest. You will deal with the mentally ill, families in crises, unwashed messes, and people who curse you on a routine basis. You may have to tell someone their son or daughter, mother or father is not coming home. You will accept anger or tears in return. Your job is to fix the problems for the residents of the City of Belle Isle. "There is nothing we can do for you" or "I can't help you" shall never be spoken to a citizen in need.

There is no place for drama in this department. Raise your hand when you make a mistake. We will help you. We will invest in you, and you must make an effort to be a member of this family.

If any of these realizations give you pause, you should not continue in the process. But, if you so choose to embark on this journey, it will be one of the most rewarding careers imaginable. You will make a difference in people's lives. They will never forget and be in situations to – quite literally – save lives.

** Excellence Through Service **



Belle Isle Police Department

Expectations of a Family Member of the Belle Isle Police Department

The quality of your career is in the making. We will give you the tools, training, and guidance to be successful. *You must give us your best, your very best.*

Applicant

Date

** Excellence Through Service **



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Insert FDLE Form CJSTC58 and CJSTC68



Florida Department of Law Enforcement

AFFIDAVIT OF APPLICANT

Incorporated by Reference in Rule 11B-27.002(1)(f), F.A.C.



CJSTC 68

Please type or print in black or blue ink and use capital and small letters for names, titles, and addresses

Last Four Digits of Applicant's Social Security Number: _____

Applicant's Legal Name: _____ Last First MI

Employing agency: _____

Use this form to verify your compliance with the employment requirements of Section 943.13, F.S. I fully understand that to qualify for employment as a law enforcement, correctional, or correctional probation officer, I shall comply with the following provisions of Section 943.13, F.S.:

- Be at least 18 years of age for correctional officer or 19 years of age for all others.
Be a citizen of the United States.
Be a high school graduate or equivalent.
Not have been convicted of any felony or of a misdemeanor involving perjury or false statement.
Have been fingerprinted by the employing agency.
Have passed a physical examination by a licensed medical specialist approved in Rule 11B-27.002(1)(d), F.A.C..
Be of good moral character.
Have not received a dishonorable discharge from the U.S. Military.

True False NA In addition, I attest to the following statements: Each statement shall be checked "True" "False" or "NA"
1. I completed my employment application and it is true and correct, and all other information I furnished in conjunction with my application is true and correct.
2. I provided documentation of proof of my qualifications to the above listed employing agency.
3. I meet the qualifications as specified above.
4. I had a criminal record sealed or expunged.
5. I am under investigation by a local, state, or federal agency or entity for criminal, civil, or administrative wrongdoing to the best of my knowledge and belief.
6. I separated or resigned from a previous criminal justice employment while under investigation.
7. I am currently serving in good standing in the U.S. Military.
8. I previously served in the U.S. Military.
9. I received a dishonorable discharge from my previous U.S. Military service.
10. I am currently certified as a Florida criminal justice officer in the following area(s): Please check the appropriate box(es).
11. I authorize the employing agency listed above to apply for my certification. Please check the appropriate box(es).

NOTICE: This document shall constitute as an official statement within the purview of Section 837.06, F.S., and is subject to verification by the employing agency and the Criminal Justice Standards and Training Commission. Any intentional omission when submitting this application or false execution of this affidavit shall constitute a misdemeanor of the second degree and disqualify the officer for employment as an officer.

PLEASE READ CAREFULLY BEFORE SIGNING. You must complete the remainder of this affidavit in the presence of a notary public. Upon witnessing your signing of this affidavit, a notary public shall complete the notary block by entering the same date the affidavit is signed. I hereby certify that to the best of my knowledge and belief, the information that I've entered on this form is true.

12. _____ 13. _____
Applicant's Signature Date Signed

14. OATH

Pursuant to Section 117.05(13)(a), Florida Statutes

STATE OF _____ COUNTY OF _____

Sworn to (or affirmed) and subscribed before me by means of Physical Presence OR Online Notarization this _____

day of _____, year _____. By _____

Signature of Notary Public - State of Florida

Print, Type, or Stamp Commissioned name of Notary Public

Personally Known OR Produced Identification

Type of Identification Produced _____

*NOTE: Private Correctional facilities must submit original and shall forward the completed affidavit stapled to the Registration of Employment, Affidavit of Compliance Form CJSTC-60 to FDLE, Criminal Justice Professionalism Program, Post Office Box 1489, Tallahassee, Florida 32302-1489, Attention Records Section